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ABSTRACT

This report recognizes the problems faced by community-based placement as a result of deinstitutionalization of clients from rehabilitation and treatment centers for youth, and offers an alternative approach for serving these youth. The program described involves specialists in residential placement working with specialists in education/therapy work to provide a meaningful living and learning environment for youth. The Clearwater Youth Center/Fresh Start School at Eagle River, Wisconsin, is depicted as offering an intensive therapeutic milieu living and learning placement for youth who have been sexually abused and/or exploited. The three main components of the program are explained and the three basic goals of the whole placement sequence at Fresh Start are listed. A figure illustrating the eight dimensions of the program of therapeutic intervention at Fresh Start is followed by a discussion of each of the eight dimensions: (1) individual counseling; (2) one-to-one supportive relationships; (3) group counseling; (4) family meetings; (5) crisis intervention counseling; (6) behavior management systems; (7) consensus decision making groups; and (8) outdoor therapy. This multi-dimensional program of therapeutic intervention is advocated as a way of enhancing the growth, development, and adjustment of all youth-in-placement. (NB)

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# MULTI-DIMENSIONAL THERAPEUTIC INTERVENTION FOR PROBLEMED YOUTH

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# MULTI-DIMENSIONAL THERAPEUTIC INTERVENTION FOR PROBLEMED YOUTH

THOMAS E. SMITH, PH.D.
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FRESH START PROGRAM
EAGLE RIVER, WISCONSIN

The past decade has been one of considerable "deinstitutionalization" in our society. Research data and professional opinion has come to conclude that the large population rehabilitation and treatment centers that were built up over the first two-thirds of this century were quite ineffective. In fact, many have argued that institutional placement often has negative impact on clients served. In many ways, this trend towards deinstitutionalization has unfolded too rapidly, as there has been no adequate theoretical and programatic foundations for alternatives. Many professionals would advocate reform and restructuring of the larger facilities, including subdivision of operational units within the total institution, instead of a complete shutdown of the expensive and already available facilities.

The major alternative, however, has been concerned with the placement of clients back in their home communities, and attempting to rally local resources to deliver the necessary services. This approach has met with extensive problems. Residential placement was often impossible or undesirable with the family, so there had to be half-way houses, foster family placements, and group homes. Residential community zoning laws, sometimes serving as a cover for attitudinal resistance, limited the development of community homes. Public Education Law 94-142 came about in an effort to move school programs forward to provide appropriate special education for all youth, although the past few years of effort in that direction have met with considerable difficulty.

The major problem facing community based placement has been that of organizing and delivering the many necessary adjunctive services which were part of the traditional large institutional environment (nursing services, recreational programing, vocational rehabilitation, and therapeutic intervention, for example). In the large metropolitan areas, community based placement was faced with

the problem of ease of runaway to the streets, and long periods of exposure to, and survival in, a negative environment without any of the necessary therapeutic and rehabilitative interventions.

In the most recent years, some have tried to find meaningful programatic compromise by locating a number of foster family group homes at a common location (sometimes a reconstructional usage of the already existent institutions), and then developing on-grounds school to provide special educational and therapeutic services (sometimes having the school operated by the local special education organization). This program of having specialists in residential placement and specialists in education/therapy work together in an effort to provide a meaningful living and learning environment for youth holds much promise.

An exploratory program along these lines is that of the Clearwater Youth Center/Fresh Start School at Eagle River, Wisconsin, which began operation in the summer of 1985. The unfolding "Fresh Start Program" offers an intensive therapeutic milieu living and learning placement for youth who have been sexually abused and/or sexually exploited. Since most of the youth in placement have a long history of emotional/behavioral problems, including runaway, placement in their home community of the greater Chicago area was considered unwise. The Fresh Start Program is located on the grounds of Camp St. Mary's, on Clearwater Lake, in northwoods of Wisconsin. There are three main components to the program:

(1) Youth live in placement with a "teaching family" which is designed and programed by Maryville Academy of Des Plaines, Illinois. Youth are assigned to Maryville by the Illinois Department of Children and Family Services. There are currently two homes at Clearwater (one for boys, one for girls) staffed by Maryville trained "family educator" couples and home assistants. The homes operate with the Maryville adaptation of the "Boys Town Model" for teaching youth appropriate family living and social adjustment skills.

(2) Youth attend a special education school which is designed and programed by the Northwest Suburban Special Education Organization of Palatine, Illinois. The school is presently staffed by an administrator, two teachers certified for teaching youth with behavior disorders and parallel learning problems, two

teacher aides, and a psychologist. The school uses a basic behavior management model which is an adaptation of the Maryville home model, as a starting point towards attainment of the two primary school goals for education and therapy.

(3) Youth participate in a special sequential program of experiential outdoor adventure (camping, climbing, caving, canoeing, crosscountry skiing, initiative games, ropes and teams course, etc.). This sequence of "outdoor therapy" is designed to stimulate both personal and social adjustment, Special equipment and supplies for the adventure program are provided by the homes (Maryville) and the school (N.S.S.E.O.), and the sequence is organized and facilitated by the school's psychologist. The adventure program is a home and school phenomena, and may sometimes be offered in overlap to the school's science curriculum or the program in physical education; and at other times be offered in overlap to the home's weekend or evening recreational offerings. It is this sequence of very special "outdoor therapy" which is the uniqueness of the Fresh Start Program.

The basic goals of the whole placement sequence at Fresh Start are as follows:

(1) to provide youth-in-placement with a safe and secure family living setting, in which they can learn positive family living and social skills.

(2) to provide youth-in-placement with an appropriate special education program of remediation and enrichment; and for out high school students classwork credits which will apply towards graduation.

(3) to provide youth-in-placement with opportunity to explore inner selves, resolve conflicts and emotional problems, clarify personal values, and improve social adjustment. This goal for therapeutic intervention is the focus of the present paper.

The program for therapeutic intervention at Fresh Start rests on the basic assumption that there is no single therapeutic method for all youth. Some youth will grow psychologically and socially with only a behavior management/behavior therapy approach, others will not. Some youth will respond meaningfully to group counseling procedures or peer culture systems, and others will not. Some youth will make significant psychological gains in individual therapy interviews with a clinical professional therapist, and others will

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not make good usage of individual time with the professional (but may make significant usage of a special 1-1 relationship with some other adult). From onset, accordingly, the design at Fresh Start called for a multi-dimensional program of therapeutic intervention.

Basically, there are eight dimensions to the total program of therapeutic intervention at Fresh Start, which can be overviewed as shown below:

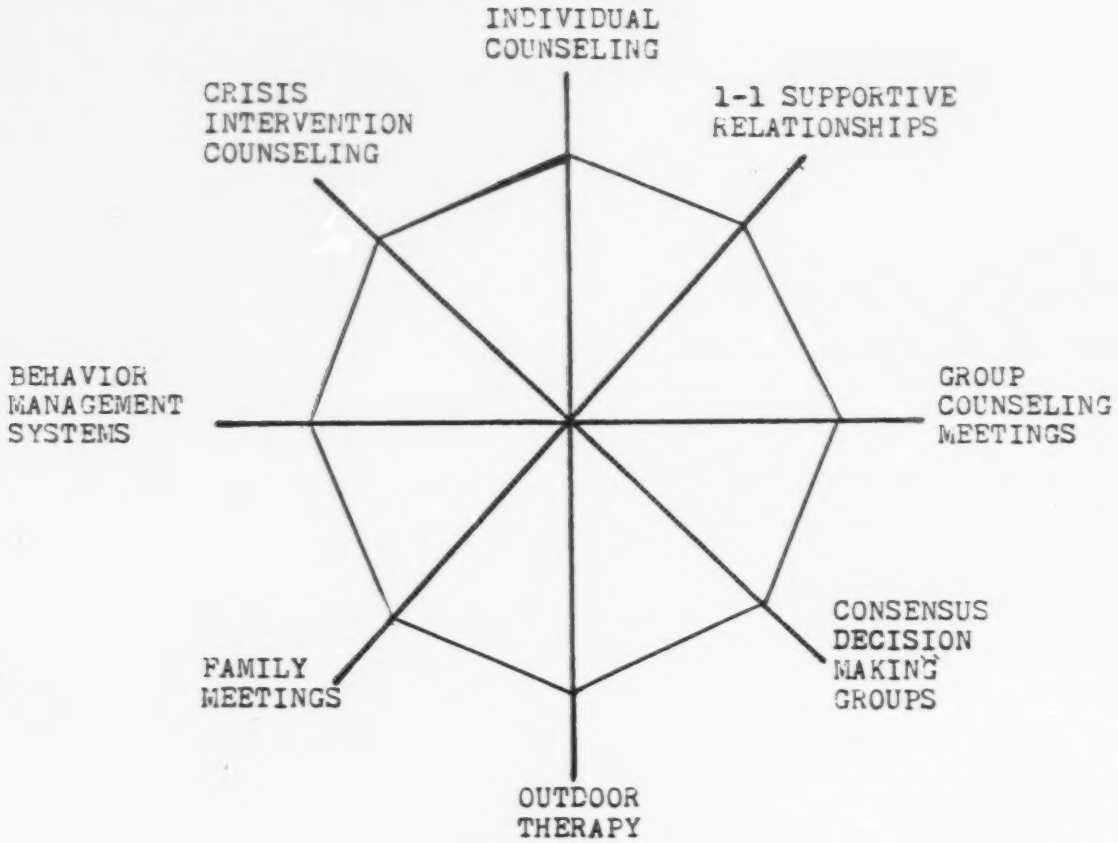




FIGURE 1: The Eight Dimensions to the Program of Therapeutic Intervention at the Fresh Start Program.

Each of these eight methodologies for therapeutic intervention has a uniqueness of theoretical foundation and program application. Some of the methods are more traditional than others, and might be considered more "acceptable" by professionals. Some of the methods are more psychodynamic and clinical than others, while other methods are more in line with behavioristic theory. Some of these methods wouldnot fit into the programing operations of other situations. However, at Fresh Start, each of these eight patterns of therapeutic intervention has a special application and a special contribution to the total program. It is beyond the scope of this paper to give detailed theoretical foundations for the various therapeutic methodologies, but merely to give a brief perspective on their application at the Fresh Start Program.

(1) Individual counseling or psychotherapy is, in the eyes of many, the only true and valid therapeutic methodology. Whether the approach be psychodynamic/analytic, rational-emotive, or client centered, many parents, teachers, judges, caseworkers, and clients themselves, associated the recommendation for "therapy" with some pattern of involvement in a 1-1 relationship with a professional psychotherapist. On the other hand, many of the referring professionals, as well as many therapists, have become aware of numerous limitations of the individual counseling model. The procedure has proved very difficult as a mandatory requirement for youth who are not motivated to the process, and many programs have made 1-1 time in counseling voluntary. There is special problem in the individual therapy approach with abused youth who have very low trust in others; and in the special case of sexually abused and exploited youth the deepseated mistrust is paralleled by considerable shame, guilt, and defensiveness about the life situations that need processing. Sometimes the resistances can be overcome with time in relationship, but it is often a long time in the counseling sequence before the relationship becomes a truely clinical working interaction. When youth are in placement for only nine months, or less, weekly 1-1 therapy appointments are often not enough to move the relationship to point of significant therapeutic work.

At Fresh Start, all youth in placement are scheduled for once

a week individual counseling sessions with the psychologist. Some of the youth are able to make meaningful usage of the time, but others have not developed significant trust-in-others to be ready to for counseling of that methodology. We do have the unique situation where the therapist is also programatically involved with the youth in classgroups, crisis intervention moments, b-mod activities, and the outdoor adventure sequence. This interaction seems to be important is enhancing the 1-1 interactional relationship, but some youth are still not able to overcome personal barriers to deeper levels of counseling. We accept these limitations of the individual therapy methodology, and therefore advocate the many other methods that make up the total program for therapeutic intervention.

(2) Individual supportive relationships between other adults in the program and the youth-in-placement can also be therapeutic. Over the past years, it has been recognized that there is definite counseling potential in any special 1-1 relationship between youth and adult. Historically, this might be considered as "lay therapy" (counseling provided by an adult with less than complete professional training as a therapist). However, in situations involving special teachers trained to work with emotionally problemed youth, family teachers with proper training for helping distressed children, and even classroom aides and home assistants who have extensive experience with youth, a 1-1 relationship can unfold that has much trust and much potential compared to what the professional therapist can offer. We might consider these special relationships as "supportive therapy" to distinquish them from the professional's individual counseling program, as they may tend to be more reality oriented and deal with "here-and-now" problem solving. However, all who work in intensity interaction with youth know that these special interactions can frequently involve youth sharing and processing some very significant clinical depths. At Fresh Start, all staff have opportunity to consult to the psychologist, to deal with personal confusions about the handling of the youth's problems, so we believe that these relationships can be therapeutic indeed. The professionals time may be better spent supporting, even encouraging, special relationships that do develop, than trying to overcome youth barriers to forming a working relationship with that youth.

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(3) Group counseling metholology also has a historic application with adolescents. At Fresh Start, we offer weekly "boys group" and "girls group" sessions, with focus on sharing, decision making, problem solving, and learning the language of emotional reactions. At present, both of the groups involve a co-therapist leadership. The psychologist teams with the female teacher for the girls group, and pairs with the program facilitator for the boys group.

A major problem in any group therapy methodology with youth who have low trust in others has to do with the issue of necessary confidentiality. Group members must come to realize that they can share honest concerns and problems in the group setting, and not fear that the issues will be talked about outside the group. It could be argued that low trust youth are simply not ready to deal effectively in the group counseling format, but we have chosen to move forward in the group process, continually working on the issues of trust, sharing, honesty, confidentiality, and making significant usage of the group time. As in the case of individual therapy, the time sequence of placement at the program may be too short to have groups move to a "heavier" clinical level.

A second problem with the group counseling format has to do with the issue of "open" (group functions in a way that new members can be incorporated to replace old members, in parallel to youth coming and going within the total program, as opposed to "closed" groups (membership stays constant, if someone leaves no new member is brought in). Because of the limited number of youth in placement at Fresh Start, we have operated with the open format, so that all youth can be a part of the group counseling sequence. This creates the problem of a group needing time to incorporate new member and deal with those basic issues of trust and confidentiality. It would be possible to offer short (6-8 week) group counseling sequences under a closed format, and then restart groups with new membership. In either case, the group counseling methodology will continue to be a part of the multi-dimensional therapeutic intervention program at Fresh Start.

(4) Daily "family meetings" within the teaching family homes are also considered as a therapeutic intervention. While these

meetings tend to be designed to review youths progress toward family living and social behavior goals, they do become clinically therapeutic at times. The teaching family placement seeks to provide a safe and secure setting, within which the youth can share, care, and reach out to each other. Therefore, the family meeting can become a place for work on persona issues as well as day-to-day adjustment issues.

A potential problem for the youth is that of viewing the two group session settings (home and school) as conflictual. For example, in the school counseling group, youth have challanged the operating procedures with "we don't do it that way in our family meetings." It is possible that having the youth in group in both settings, with different expectancies and different leadership styles is a situation of "too much groupwork." However, it can be argued that there is great value in the two different patterns of groupwork, and that youth can learn to define the differences in group methodology and group design. At this time, youth in placement at Fresh Start are exposed to both patterns of groupwork.

(5) Crisis intervention sequences offer a significant opportunity for therapeutic intervention in all programs for problemed youth. When the psychologist can be available to help the youth through the crisis reaction, and also be there to process the pre-crisis and in-crisis choices and emotions, the most difficult outburst or crisis situation can be intensely therapeutic. Professionals tend to agree that the sequence of "crisis" usually moves through a stage of anger, rage, or excessive noncompliance, to a stage of relaxation and recovery of emotional control, and then to a stage of remorse, depression, self-depreciation, and deeper levels of emotional anguish. Many times I have moved from grasping a youth in safety restraint as the body (and mouth) rages; to sitting beside youth with instructions to "take deep breaths," and "relax"; to that final stage of holding the sobbing youth gently as deep emotional wounds seem to open for processing. It is in this latter stage that much therapeutic insight can be made available.

At Fresh Start, our school management model provides guidelines

for a step-by-step defusing of any crisis reaction, and the same procedures are followed in the teaching family home. The primary goal of the sequence is to bring the youth back into instructional control, and have them able to function successfully. It is quite valuable for the youth to know that an emotional crisis, with great release of the underlying rage, and/or the underlying agony, can be followed by meaningful regrouping and proper functioning. If the sequence of crisis-and-return does not allow time for psychological intervention, then there can still be follow-up attention to the crisis by the psychologist.

(6) One need not be a strict behaviorist to realize that there is, in fact, productive therapeutic potential in any behavior management system. The basic system at Fresh Start, in parallel to the home management system, emphasizes such important behavioral characteristics as good voice tones, following directions, rational problem solving, and acceptance of consequences. Youth are given a continuing feedback on the proper behaviors, and this certainly tends to guide them to new behaviors as opposed to improper habits from poor past learning. Success leads to positive reinforcements, and the youth gain a feeling of self-satisfaction and enhanced self-concept. The goals of the behavior management system are often in overlap with the goals for psychological and social adjustment.

As students move through the behavior management system, they focus on individualized target behaviors, such as neatness of desk, improved peer relationships, participation in class discussions, and appropriate language. These target behaviors are determined by teaching family, teachers, therapist, and youth conferences, and they are specified to assist the youth in developing behaviors which may create discomfort, a break with prior life patterns, and anxieties about themselves. The emotional states that parallel the behavioral goals are often processed in other points of the total therapeutic intervention program.

Strict behaviorists might advocate that behavior modification therapeutic methodology is the only necessary, and quite sufficient, requirement for helping youth toward improved adjustment --- and

there really is no need for more clinical or social therapeutic interventions. At Fresh Start, we keenly appreciate the therapeutic impact of the behavior management system, but we recognize this as only one aspect of our total program for therapeutic intervention.

(7) Consensus Decision Making Groups are a special methodology for youth groups, with some theoretical parallels to the concepts of positive peer culture. At Fresh Start, this methodology is applied in weekly group meetings that have the goal of planning and organizing the regular end-of-week special activity for B-mod payoff. Youth must discuss, and come to total consensus agreement about, an end-of-week activity. They must deal with all details necessary to make the activity happen, including timetable, need for special equipemnt or supplies, transportation, and the appropriate behavioral rules and consequences. The methodology requires the appointed youth leader to recognize all voices, and give all an opportunity to be heard. Consensus cannot be bought or attained by threat, but must be arrived at by negotiation and appropriate attention to others. There are many peer conflicts that need to be processed in order for the group to move ahead with planning. Any one youth can, in fact, "block" the planning of others; although leaders must guide the group to deal with that youth's issues so that they can move to decision. There is great opportunity for peer to peer feedback, and the whole process provides many moments of potential therapeutic intervention.

It could be argued that this procedure tends to deal with more here-and-now peer interactions, and does not deal with the clinically psychodynamic aspects of each youths peer patterns. However, the group often begins to recognize recurrent behaviors of members, such as the youth who always tends to hold off on agreement until others turn special attention to obtain consent, or the youth who tends to "get back" at others by disagreement with planning issues. Peer feedback and peer pressure often has great impact on negative behavior patterns of others.

There is also a dimension of overlap with those who advocate the methodology of "responsibility therapy." In the group consensus

decision making procedure, the responsibility for having a very special end-of-week pay-off is placed directly on the group. If there is no consensual agreement, then there is no activity. If members of the group do not take responsibility for working out the plan and the details, there is no activity. And, if there is no activity, the group must fully accept the reality that they did not pull it off. All too often, others have assumed the decision making process for youth. At Fresh Start, staff do take authoritative responsibility for setting behavioral expectancies for the classroom, and do develop special "privelege menus" for daily pay-off. In these special planning sessions for the end-of-week activity, the responsibility if given to the youth, themselves, and that makes the methodology an important variation within the total program for therapeutic intervention.

(8) The concept of "outdoor therapy" is perhaps the most unique aspect of our total program for therapeutic intervention at Fresh Start, but it is also a primary thrust of the total placement. Basically, the theoretical basis of outdoor therapy is that a sequence of special outdoor adventures (such as exploring darkness in caves, climbing and rapelling of rock bluffs, coldweather survival camping, and groupwork at 'teams courses') can provide enhanced awareness of self, others, environment, the self-other interdependency, and the self-environment interdependency. Professionals who advocate outdoor therapy point up the potentials of simple sequences such as tree climbing for enhancement of self-concept, and the potency of co-operative achievement initiatives as on the "teams course."

Periodic group sessions of debriefing or processing the very basic emotions of fear, trust, personal resources, group belongingness, and accomplishment, increase the impact of the experiences. Groups that travel, camp, and adventure together must develop very important interactional involvements; they must learn to share, to care, to trust, to help, and to listen to the real concerns of others. While certain aspects of the program of outdoor therapy are designed to stimulate inner awarenesses of individual capabilities and limitations, most of the sequence is to develop a sense of the potency of

"we" as opposed to "me." For youth who have frequently detached from all family and societial connections, it is an attempt to bring them to a group consciousness; and this will be a very important awareness if they are to someday become contributing members of society.

There are a number of other contributions of the outdoor program to the total therapeutic offering. As the therapist accompanies all adventure outings, it is possible to greatly enhance that relationship. Many barriers to trust are quickly overcome when the therapist holds belay line for a youth scaling the walls of an 80' water tower, or sleeps in a homemade snow shelter with some youth at -10° temperatures. The relationships that build on adventure experiences can be used very productively in later 1-1 and group counseling sessions. As the teachers accompany youth on the whole outdoor therapy sequence, relationships build, and classroom teaching time is subsequently more effective. In other words, the whole sequence of outdoor adventure is not only therapeutic in itself, it contributes to other aspects of the therapeutic intervention program.

One of the most noted contributions of the adventure therapy sequence is that it tends to greatly reduce basic behavior management problems. This provides staff with more time for both educational and counseling interactions. On the adventure sequence the group must deal with setting up campsites, preparation of meals, equipment requirements, and activities for preparation of adventure. There tends to be much involvement in the activity, and there is a group intensity for the whole experience. In the well structured outdoor adventure, there simply isn't enough time for youth to engage in a lot of negative behavior.

The total living and learning experience at Fresh Start plunges youth into an intensive therapeutic milieu, with great opportunity for personal growth and personal conflict resolution. The experience can be viewed as an attempt to have therapeutic impact on each youth in placement. The eight dimensions to the total program for therapeutic intervention are offered in attempt to "get to" each and every youth. While some youth will get more out of the individual therapy

sessions, others will find a special growth impact from the basic behavior management system. Some youth will respond to the group counseling program, and others will be touched by the whole sequence of "outdoor therapy." It makes sense to offer a multi-dimensional program of therapeutic intervention, in hopes of enhancing the growth, development, and adjustment of all youth-in-placement.

Thomas E. Smith, PH.D.
February, 1986